Foster Family Home - Corrective Action Report

Provider ID: 1-562878 Home Name: Fe Dumlao, CNA Review ID: 1-562878-5 Reviewer: 91-865 Hamiha Place End Date: 12/14/15 Begin Date: 11/9/2015 Ewa Beach HI 96706 [17-1454-6] **Foster Family Home Required Certificate** Comply with all applicable requirements in this chapter; and 6.(d)(1) Comment: Home visit for a 3 person recertification review made on 11/9/15. Corrective Action Report issued during home visit with all items due to CTA by 12/9/15. 6.(d)(1) - see applicable sections of the review [17-1454-41] **Foster Family Home** Personnel and Staffing Have a current tuberculosis clearance that meets department of health guidelines; and 41.(b)(7) Have documentation of current training in blood bome pathogen and infection control, cardiopulmonary 41.(b)(8) resuscitation, and basic first aid. Tuberculosis clearances that meet department of health guidelines; and 41.(f)(1) Comment: 41.(b)(7) - No current TB clearance for CG #4, Expired 7/9/15. 41.(f)(1) - No current TB clearance for HHM #2. Expired 7/8/15. 41.(b)(8) - No current First Aid for CG #2. Expired 8/2/15. [17-1454-45] (3P) 3 Person Fire Safety 3 Person Fire Safety, **Natural Disaster** 45.(3P)(b)(6) shall include all SCGs at least once per year Comment: 45.(3P)(b)(6) - All SCG's must lead a fire drill at least once a year. Not done by CG #2 and CG #4 this past year. Compliance Manager

To:

Documents attached are the following:

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41. (b)(7),(f)1) – Current TB clearance for CG #4 ( ) and HHM #2 ( )

(b)(8) – Current First Aid Card for CG #2 ( ) and CG #4 ( )

45. (3P)(b)(6) – Schedule for Fire Drill CG #2 ( ) and CG #4 (
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Note: I will have CG#2 and CG#4 lead a fire drill at least once a year. I have made a schedule for all CG'S to lead a fire drill in the year, 2016.

I have made a list of all items with expiration dates (CPR, TB, APS/CAN) and placed in the front of my CTA binder. I will review it monthly.

Sincerely,

Fe G Dumlao

(PCG)